



## Social, Emotional and Mental Health (SEMH) Policy

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As a Church of England School, our Social, Emotional and Mental Health Policy at Holywell School is rooted in our distinctively Christian character and our core beliefs which are Gospel inspired and which support the school's Vision:

At Holywell, our vision is that everyone in our community chooses to "Live Life in all its Fullness" (John 10:10).

Inspired by the teaching of Jesus, the Good Shepherd,  
we choose to live our values,  
being the best we can be  
in community."

As a school, we are guided by 'Live life in all its fullness' (John 10:10); we are a loving, supportive community with high aspirations for all. We promote inclusion, we are proud to belong and we value each individual. This SEMH Policy has been written in the spirit of the Church of England's Guidance "Valuing all God's Children" in which we are reminded that "every single one of us is made in the image of God. Every one of us is loved unconditionally by God. We must avoid, at all costs, diminishing the dignity of any individual to a stereotype or a problem. Church of England schools offer a community where everyone is a person known and loved by God, supported to know their intrinsic value." We promote healthy mental health and wellbeing, whilst we recognise that there are times in everyone's life when we may feel that we are 'not enough' and times when our mental health and wellbeing are less than brilliant ... at Holywell, we work together in community to build each other up and to promote resilience, kindness and respect.

### Statement of intent

This policy outlines the framework for Holywell to meet its duty in providing and ensuring a high quality of education to all of its students, including students with social, emotional and mental health (SEMH) difficulties, and to do everything it can to meet the needs of students with SEMH difficulties.

Through the successful implementation of this policy, we aim to:

- Promote a positive outlook regarding students with SEMH difficulties.
- Eliminate prejudice towards students with SEMH difficulties.
- Promote equal opportunities for students with SEMH difficulties.
- Ensure all students with SEMH difficulties are identified and appropriately supported – minimising the risk of SEMH difficulties escalating into physical harm.

We will work with the LA with regards to the following:

- The involvement of students and their parents in decision-making
- The early identification of students' needs
- Collaboration between education, health and social care services to provide support when required
- Greater choice and control for students and their parents over their support

## 1. Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Children and Families Act 2014
- Health and Social Care Act 2012
- Equality Act 2010
- Education Act 2002
- Mental Capacity Act 2005
- Children Act 1989

This policy has been created with regard to the following DfE guidance:

- DfE 'Keeping children safe in education' (updated annually)
- DfE (2018) 'Mental health and behaviour in schools'
- DfE (2016) 'Counselling in schools: a blueprint for the future'
- DfE (2015) 'Special educational needs and disabilities code of practice: 0 to 25'

This policy also has due regard to the school's policies including, but not limited to, the following:

- Safeguarding Policy
- SEND Policy
- Behaviour for Learning Policy
- Staff Code of Conduct
- Administering Medication Policy
- Exclusion Policy

## 2. Roles and responsibilities

The school's leadership as a whole is responsible for:

- Using a preventative approach to create a safe and calm environment where mental health problems are less likely to occur, in order to improve the mental health and wellbeing of the school community and instil resilience in students. A preventative approach includes teaching students about mental wellbeing through the curriculum and reinforcing these messages in our activities and ethos.
- Ensuring that only appropriately trained professionals should attempt to make a diagnosis of a mental health problem.
- Ensuring that staff are aware of how potentially traumatic adverse childhood experiences (ACE), including abuse and neglect, can impact on a student's mental health, behaviour and education.
- Equipping staff with the knowledge required to identify students whose behaviour suggests they may be experiencing a mental health problem or be at risk of developing one.
- Raising awareness and employing efficient referral processes in order to help students access evidence-based early support and interventions.
- Working effectively with external agencies to ensure the school can provide swift access or referrals to specialist support and treatment.

- Identifying and supporting students with SEND, and considering how to use some of the SEND resources to provide support for students with mental health difficulties that amount to SEND.
- Identifying where wellbeing concerns represent safeguarding concerns, and ensuring that appropriate safeguarding referrals are made in line with the Child Protection and Safeguarding Policy.

The governing board is responsible for:

- Fully engaging students with SEMH difficulties and their parents when drawing up policies that affect them.
- Ensuring provision is in place for all students with SEMH difficulties, whether or not they have an EHC plan.
- Endeavouring to secure the special educational provision called for by a student's SEMH difficulties.
- Designating an appropriate member of staff to be the SENDCO ensuring they coordinate provisions for students with SEMH difficulties.
- Taking all necessary steps to ensure that students with SEMH difficulties are not discriminated against, harassed or victimised.
- Ensuring arrangements are in place to support students with SEMH difficulties.
- Appointing an individual governor or sub-committee to oversee the school's arrangements for SEMH.
- Ensuring there are clear systems and processes in place for identifying possible SEMH problems, including routes to escalate and clear referral and accountability systems.
- Identifying an appropriate staff member to act as the senior mental health lead, with sufficient authority to develop and oversee the school's approach to mental health and wellbeing.

The headteacher is responsible for:

- Ensuring that those teaching or working with students with SEMH difficulties are aware of their needs and have arrangements in place to meet them.
- Ensuring that teachers monitor and review students' academic and emotional progress during the course of the academic year.
- Ensuring that the SENDCO has sufficient time and resources to carry out their functions, in a similar way to other important strategic roles within the school.
- On an annual basis, carefully reviewing the quality of teaching for students at risk of underachievement, as a core part of the school's performance management arrangements.
- Ensuring that staff members understand the strategies used to identify and support students with SEMH difficulties.
- Ensuring that procedures and policies for the day-to-day running of the school do not directly or indirectly discriminate against students with SEMH difficulties.
- Establishing and maintaining a culture of high expectations and including students with SEMH difficulties in all opportunities that are available to other students.
- Consulting health and social care professionals, students and parents to ensure the needs of students with SEMH difficulties are effectively supported.

- Keeping parents and relevant staff up-to-date with any changes or concerns involving students with SEMH difficulties.
- Ensuring staff members have a good understanding of the mental health support services that are available in their local area, both through the NHS and voluntary sector organisations.

The senior mental health lead is responsible for:

- Overseeing the whole-school approach to mental health, including how this is reflected in policies, the curriculum and pastoral support, how staff are supported with their own mental health, and how the school engages students and parents with regards to students' mental health and awareness.
- Collaborating with the SENDCO, headteacher and governing board, as part of the SLT, to outline and strategically develop SEMH policies and provisions for the school.
- Coordinating with the SENDCO and mental health support teams to provide a high standard of care to students who have SEMH difficulties.
- Advising on the deployment of the school's budget and other resources in order to effectively meet the needs of students with SEMH difficulties.
- Being a key point of contact with external agencies, especially the mental health support services, the LA, LA support services and mental health support teams.
- Providing professional guidance to colleagues about mental health and working closely with staff members, parents and other agencies, including SEMH charities.
- Referring students with SEMH difficulties to external services, e.g. specialist children and young people's mental health services (CYPMHS), to receive additional support where required.
- Overseeing the outcomes of interventions on students' education and wellbeing.
- Liaising with parents of students with SEMH difficulties, where appropriate.
- Liaising with other schools, educational psychologists, health and social care professionals, and independent or voluntary bodies.
- Liaising with the potential future providers of education, to ensure that students and their parents are informed about options and a smooth transition is planned.
- Leading mental health CPD.
- Undertaking senior mental health lead training.

The SENDCO is responsible for:

- Collaborating with the governing board, headteacher and the senior mental health lead, as part of the SLT, to determine the strategic development of SEMH policies and provisions in the school.
- Undertaking day-to-day responsibilities for the successful operation of the SEMH Policy.
- Supporting the subject teachers in the further assessment of a student's particular strengths and areas for improvement, and advising on the effective implementation of support.

The DSL is responsible for:

- Acting as a source of support, advice and expertise for all staff.

- Liaising with staff on matters of safety, safeguarding and welfare.
- Liaising with the senior mental health lead and, where available, the Mental Health Support Team, where safeguarding concerns are linked to mental health.

All staff are responsible for:

- Being aware of the signs of SEMH difficulties.
- Being aware that mental health problems can, in some cases, be an indicator that a student has suffered or is at risk of suffering abuse, neglect or exploitation.
- Understanding how potentially traumatic adverse childhood experiences can impact a student's mental health, behaviour and education.
- Being aware of the needs, outcomes sought and support provided to any students with SEMH difficulties.
- Keeping the relevant figures of authority up-to-date with any changes in behaviour, academic developments and causes of concern.

Teaching staff are responsible for:

- Planning and reviewing support for their students with SEMH difficulties in collaboration with parents, the SENDCO and, where appropriate, the students themselves.
- Setting high expectations for every student and aiming to teach them the full curriculum, whatever their prior attainment.
- Planning lessons to address potential areas of difficulty to ensure that there are no barriers to every student achieving their full potential, and that every student with SEMH difficulties will be able to study the full national curriculum.
- Being responsible and accountable for the progress and development of the students in their class.

The school will work in collaboration with mental health support workers who are trained professionals who act as a bridge between schools and mental health agencies.

### **3. Creating a supportive whole-school culture**

Senior leaders will clearly communicate their vision for good mental health and wellbeing with the whole school community.

The school will utilise various strategies to support students who are experiencing high levels of psychological stress, or who are at risk of developing SEMH problems, including:

- Teaching about mental health and wellbeing through curriculum subjects such as:
  - PSHE.
  - RSHE.
- Counselling.
- Positive classroom management.
- Developing students' social skills.
- Working with parents.
- Peer support.

The school's Behaviour for Learning and Anti-Bullying Policies will include measures to prevent and tackle bullying, and contain an individualised, graduated response when behaviour may be the result of mental health needs or other vulnerabilities.

The SLT will ensure that there are clear policies and processes in place to reduce stigma and make students feel comfortable enough to discuss mental health concerns.

Students will know where to go for further information and support should they wish to talk about their mental health needs or concerns over a peer's or family member's mental health or wellbeing.

#### **4. Staff training**

The SLT will ensure that all teachers have a clear understanding of the needs of all students, including those with SEMH needs.

The SLT will promote CPD to ensure that staff can recognise common symptoms of mental health problems, understand what represents a concern, and know what to do if they believe they have spotted a developing problem.

Clear processes will be in place to help staff who identify SEMH problems in students escalate issues through clear referral and accountability systems.

Staff will receive training to ensure they:

- Promote good mental health and wellbeing throughout the school.
- Can quickly identify individual students who need support with their mental health.
- Can recognise common suicide risk factors and warning signs.
- Understand what to do if they have concerns about a student demonstrating suicidal behaviour.
- Know what support is available for students and how to refer students to such support where needed.
- Are aware of how abuse, neglect, and/or other traumatic adverse childhood experiences can have a lasting impact on a student's mental health, behaviour and education.

#### **5. Identifying signs of SEMH difficulties**

The school is committed to identifying students with SEMH difficulties at the earliest stage possible.

Staff are trained to know how to identify possible mental health problems and understand what to do if they spot signs of emerging difficulties.

Staff members are aware of the signs that may indicate if a student is struggling with their SEMH. The signs of SEMH difficulties may include, but are not limited to, the following list:

- Anxiety
- Low mood
- Being withdrawn
- Avoiding risks

- Unable to make choices
- Low self-worth
- Isolating themselves
- Refusing to accept praise
- Failure to engage
- Poor personal presentation
- Lethargy/apathy
- Daydreaming
- Unable to make and maintain friendships
- Speech anxiety/reluctance to speak
- Task avoidance
- Challenging behaviour
- Restlessness/over-activity
- Non-compliance
- Mood swings
- Impulsivity
- Physical aggression
- Verbal aggression
- Perceived injustices
- Disproportionate reactions to situations
- Difficulties with change/transitions
- Absconding
- Eating issues
- Lack of empathy
- Lack of personal boundaries
- Poor awareness of personal space

When the school suspects that a student is experiencing mental health difficulties, the following graduated response is employed:

- An assessment is undertaken to establish a clear analysis of the student's needs
- A plan is set out to determine how the student will be supported
- Action is taken to provide that support
- Regular reviews are undertaken to assess the effectiveness of the provision, and changes are made as necessary

A strengths and difficulties questionnaire (SDQ) will be utilised when a student is suspected of having SEMH difficulties. An SDQ can assist staff members in creating an overview of the student's mental health and making a judgement about whether the student is likely to be suffering from any SEMH difficulties.

Where appropriate, the headteacher asks parents to give consent to their child's GP to share relevant information regarding SEMH with the school.

Where possible, the school is aware of any support programmes GPs are offering to students who are diagnosed with SEMH difficulties, especially when these may impact the student's behaviour and attainment at school.



Staff members will discuss concerns regarding SEMH difficulties with the parents of students who have SEMH difficulties, and take any concerns expressed by parents, other students, colleagues and the student in question seriously. Staff will consider all previous assessments and progress over time, and then refer the student to the appropriate services.

The assessment, intervention and support processes available from the LA are in line with the local offer. All assessments are in line with the provisions outlined in the school's SEND Policy.

Staff members are aware of the following:

- Factors that put students at risk of SEMH difficulties, such as low self-esteem, physical illnesses, academic difficulties and family problems
- The fact that risks are cumulative and that exposure to multiple risk factors can increase the risk of SEMH difficulties

Staff members understand the following:

- Familial loss or separation, significant changes in a student's life or traumatic events are likely to cause SEMH difficulties
- What indicators they should be aware of that may point to SEMH difficulties, such as behavioural problems, students distancing themselves from other students or changes in attitude
- Where SEMH difficulties may lead to a student developing SEND, it could result in a student requiring an EHC plan.
- Persistent mental health difficulties can lead to a student developing SEND. If this occurs, the headteacher ensures that correct provisions are implemented to provide the best learning conditions for the student, such as providing school counselling. Both the student and their parents are involved in any decision-making concerning what support the student needs.

The school will promote resilience to help encourage positive SEMH. Poor behaviour is managed in line with the school's Behaviour Policy. Staff members will observe, identify and monitor the behaviour of students potentially displaying signs of SEMH difficulties; however, only medical professionals will make a diagnosis of a mental health condition.

Students' data is reviewed on a regular basis by the SLT so that patterns of attainment, attendance or behaviour are noticed and can be acted upon if necessary.

An effective pastoral system is in place so that every student is well known by at least one member of staff, for example, a form tutor, who can spot where disruptive or unusual behaviour may need investigating and addressing. Students are encouraged to identify at least 5 adults who could advocate on their behalf – who are part of their support network.

Staff members are mindful that some groups of students are more vulnerable to mental health difficulties than others; these include LAC, students with SEND and students from disadvantaged backgrounds.

## **6. Vulnerable groups**

Some students are particularly vulnerable to SEMH difficulties. These 'vulnerable groups' are more likely to experience a range of adverse circumstances that increase the risk of mental health problems.

Staff are aware of the increased likelihood of SEMH difficulties in students in vulnerable groups and remain vigilant to early signs of difficulties.

Vulnerable groups include the following:

- Students who have experienced abuse, neglect, exploitation or other adverse contextual circumstances
- Children in need
- LAC and PLAC
- Socio-economically disadvantaged students, including those in receipt of, or previously in receipt of, free school meals and the student premium

These circumstances can have a far-reaching impact on behaviour and emotional states. These factors will be considered when discussing the possible exclusion of vulnerable students.

## **7. Children in need, LAC and PLAC**

Children in need, LAC and PLAC are more likely to have SEND and experience mental health difficulties than their peers. Children in need, LAC and PLAC are more likely to struggle with executive functioning skills, forming trusting relationships, social skills, managing strong feelings, sensory processing difficulties, foetal alcohol syndrome and coping with change.

Children in need may also be living in chaotic circumstances and be suffering, or at risk of, abuse, neglect and exploitation. They are also likely to have less support available outside of school than most students.

School staff are aware of how these students' experiences and SEND can impact their behaviour and education.

The impact of these students' experiences is reflected in the design and application of the school's Behaviour Policy, including through individualised graduated responses.

The school will use multi-agency working as an effective way to inform assessment procedures.

Where a student is being supported by LA children's social care services (CSCS), the school will work with their allocated social worker to better understand the student's wider needs and contextual circumstances. This collaborative working informs assessment of needs and enables prompt responses to safeguarding concerns.

When the school has concerns about a looked-after child's behaviour, the designated teacher and virtual school head (VSH) will be informed at the earliest opportunity so they can help to determine the best way to support the student.

When the school has concerns about a previously looked-after child's behaviour, the student's parents/carers or the designated teacher will seek advice from the VSH to determine the best way to support the student.

## **8. Adverse childhood experiences (ACEs) and other events that impact students' SEMH**

The balance between risk and protective factors is disrupted when traumatic events happen in students' lives, such as the following:

- **Loss or separation:** This may include a death in the family, parental separation, divorce, hospitalisation, loss of friendships, family conflict, a family breakdown that displaces the student, being taken into care or adopted, or parents being deployed in the armed forces.
- **Life changes:** This may include the birth of a sibling, moving house, changing schools or transitioning between schools.
- **Traumatic experiences:** This may include abuse, neglect, domestic violence, bullying, violence, accidents or injuries.
- **Other traumatic incidents:** This may include natural disasters or terrorist attacks.

Some students may be susceptible to such incidents, even if they are not directly affected. For example, students with parents in the armed forces may find global disasters or terrorist incidents particularly traumatic.

The school will support students when they have been through ACEs, even if they are not presenting any obvious signs of distress – early help is likely to prevent further problems. Support may come from the school's existing support systems or via specialist staff and support services.

## **9. SEND and SEMH**

The school will recognise it is well-placed to identify SEND at an early stage and works with partner agencies to address these needs. The school's full SEND identification and support procedures are available in the SEND Policy.

Where students have certain types of SEND, there is an increased likelihood of mental health problems. For example, children with autism or learning difficulties are significantly more likely to experience anxiety.

Early intervention to address the underlying causes of disruptive behaviour includes an assessment of whether appropriate support is in place to address the student's SEND.

The headteacher considers the use of a multi-agency assessment for students demonstrating persistently disruptive behaviour. These assessments are designed to identify unidentified SEND and mental health problems, and to discover whether there are housing or family problems that may be having an adverse effect on the student.

The school recognises that not all students with mental health difficulties have SEND.

The graduated response is used to determine the correct level of support to offer (this is used as good practice throughout the school, regardless of whether or not a student has SEND).

All staff understand their responsibilities to students with SEND, including students with persistent mental health difficulties.

The SENDCO will ensure that staff understand how the school identifies and meets students' needs, provides advice and support as needed, and liaises with external SEND professionals as necessary.

## 10. Risk factors and protective factors

There are a number of risk factors beyond being part of a vulnerable group that are associated with an increased likelihood of SEMH difficulties, these are known as risk factors. There are also factors associated with a decreased likelihood of SEMH difficulties, these are known as protective factors.

The table below displays common risk factors for SEMH difficulties (as outlined by the DfE) that staff remain vigilant of, and the protective factors that staff look for and notice when missing from a student:

	Risk factors	Protective factors
In the student	<ul style="list-style-type: none"> <li>● Genetic influences</li> <li>● Low IQ and learning disabilities</li> <li>● Specific development delay or neuro-diversity</li> <li>● Communication difficulties</li> <li>● Difficult temperament</li> <li>● Physical illness</li> <li>● Academic failure</li> <li>● Low self-esteem</li> </ul>	<ul style="list-style-type: none"> <li>● Secure attachment experience</li> <li>● Outgoing temperament as an infant</li> <li>● Good communication skills and sociability</li> <li>● Being a planner and having a belief in control</li> <li>● Humour</li> <li>● A positive attitude</li> <li>● Experiences of success and achievement</li> <li>● Faith or spirituality</li> <li>● Capacity to reflect</li> </ul>
In the student's family	<ul style="list-style-type: none"> <li>● Overt parental conflict including domestic violence</li> <li>● Family breakdown (including where children are taken into care or adopted)</li> <li>● Inconsistent or unclear discipline</li> <li>● Hostile and rejecting relationships</li> <li>● Failure to adapt to a child's changing needs</li> <li>● Physical, sexual, emotional abuse, or neglect</li> <li>● Parental psychiatric illness</li> <li>● Parental criminality, alcoholism or personality disorder</li> </ul>	<ul style="list-style-type: none"> <li>● At least one good parent-child relationship (or one supportive adult)</li> <li>● Affection</li> <li>● Clear, consistent discipline</li> <li>● Support for education</li> <li>● Supportive long-term relationships or the absence of severe discord</li> </ul>

	<ul style="list-style-type: none"> <li>• Death and loss – including loss of friendship</li> </ul>	
<b>In the school</b>	<ul style="list-style-type: none"> <li>• Bullying including online (cyber bullying)</li> <li>• Discrimination</li> <li>• Breakdown in or lack of positive friendships</li> <li>• Deviant peer influences</li> <li>• Peer pressure</li> <li>• Child-on-child abuse</li> <li>• Poor student-to-teacher/school staff relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Clear policies on behaviour and bullying</li> <li>• Staff behaviour policy (also known as code of conduct)</li> <li>• ‘Open door’ policy for children to raise problems</li> <li>• A whole-school approach to promoting good mental health</li> <li>• Good student-to-teacher/school staff relationships</li> <li>• Positive classroom management</li> <li>• A sense of belonging</li> <li>• Positive peer influences</li> <li>• Positive friendships</li> <li>• Effective safeguarding and child protection policies.</li> <li>• An effective early help process</li> <li>• Understand their role in, and are part of, effective multi-agency working</li> <li>• Appropriate procedures in place to ensure staff are confident enough to raise concerns about policies and processes and know they will be dealt with fairly and effectively</li> </ul>
<b>In the community</b>	<ul style="list-style-type: none"> <li>• Socio-economic disadvantage</li> <li>• Homelessness</li> <li>• Disaster, accidents, war or other overwhelming events</li> <li>• Discrimination</li> <li>• Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation</li> <li>• Other significant life events</li> </ul>	<ul style="list-style-type: none"> <li>• Wider supportive network</li> <li>• Good housing</li> <li>• High standard of living</li> <li>• High morale school with positive policies for behaviour, attitudes and anti-bullying</li> <li>• Opportunities for valued social roles</li> <li>• Range of sport/leisure activities</li> </ul>

The following table contains common warning signs for suicidal behaviour:

Speech	Behaviour	Mood
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The student has mentioned the following:	The student displays the following behaviour:	The student often displays the following moods:
Killing themselves	Increased use of alcohol or drugs	Depression
Feeling hopeless	Looking for ways to end their lives, such as searching suicide online	Anxiety
Having no reason to live	Withdrawing from activities	Loss of interest
Being a burden to others	Isolating themselves from family and friends	Irritability
Feeling trapped	Sleeping too much or too little	Humiliation and shame
Unbearable pain	Visiting or calling people to say goodbye	Agitation and anger
	Giving away possessions	Relief or sudden improvement, e.g. through self-harm activities
	Aggression	
	Fatigue	
	Self-harm	

## 11. Stress and mental health

The school recognises that short-term stress and worry is a normal part of life and that most students will face mild or transitory changes that induce short-term mental health effects. Staff are taught to differentiate between 'normal' stress and more persistent mental health problems.

## 12. SEMH intervention and support

The curriculum for PSHE and RSHE will focus on promoting students' resilience, confidence and ability to learn. Positive classroom management and working in small groups is utilised to promote positive behaviour, social development and high self-esteem.

School-based counselling will be offered to students who require it, and the relevant external services are utilised where appropriate, e.g. [MindEd](#) or [Rethink](#). A child psychologist is made available where a student requires such services.

The school will develop and maintains students' social skills, for example, through one-to-one social skills training.

Where appropriate, parents will have a direct involvement in any intervention regarding their child. The school will support parents in the management and development of their child.

When in-school intervention is not appropriate, referrals and commissioning support will take the place of in-school interventions. The school will continue to support the student as much as possible throughout the process.

Serious cases of SEMH difficulties are referred to CHUMS.

To ensure referring students to CHUMS is effective, staff will follow the process below:

- Use a clear, approved process for identifying students in need of further support
- Document evidence of their SEMH difficulties
- Encourage the student and their parents to speak to the student's GP
- Work with local specialist CHUMS to make the referral process as quick and efficient as possible
- Understand the criteria that are used by specialist CHUMS in determining whether a student needs their services
- Have a close working relationship with the local CHUMS specialist
- Consult CHUMS about the most effective things the school can do to support students whose needs aren't so severe that they require specialist CHUMS

The school will commission individual health and support services directly for students who require additional help. The services commissioned will be suitably accredited and able to demonstrate that they will improve outcomes for students.

Through the curriculum, students are taught how to:

- Build self-esteem and a positive self-image.
- Foster the ability to self-reflect and problem-solve.
- Protect against self-criticism and social perfectionism.
- Foster self-reliance and the ability to act and think independently.
- Create opportunities for positive interaction with others.
- Get involved in school life and related decision-making.

For students with more complex problems, additional in-school support includes:

- Supporting the student's teacher to help them manage the student's behaviour.
- Additional educational one-to-one support for the student.
- One-to-one therapeutic work with the student delivered by mental health specialists.

- The creation of an IHP – a statutory duty for schools when caring for students with complex medical needs.
- Seeking professional mental health recommendations regarding medication.
- Family support and/or therapy, where recommended by mental health professionals.

### **13. Suicide concern intervention and support**

Where a student discloses suicidal thoughts or a teacher has a concern about a student, teachers will:

- Listen carefully, remembering it can be difficult for the student to talk about their thoughts and feelings.
- Respect confidentiality, only disclosing information on a need-to-know basis.
- Be non-judgemental, making sure the student knows they are being taken seriously.
- Be open, providing the student a chance to be honest about their true intentions.
- Supervise the student closely whilst referring the student to the DSL for support.
- Record details of their observations or discussions and share them with the DSL.

Once suicide concerns have been referred to the DSL, local safeguarding procedures are followed and the student's parents are contacted. Medical professionals, such as the student's GP, are notified as needed.

The DSL and any other relevant staff members, alongside the student and their parents, work together to create a safety plan outlining how the student is kept safe and the support available.

Safety plans:

- Are always created in accordance with advice from external services and the student themselves.
- Are reviewed regularly by the DSL.
- Can include reduced timetables or dedicated sessions with counsellors.

### **14. Working with other schools**

The school will work with local schools to share resources and expertise regarding SEMH.

The school will collectively commission specialist support where appropriate.

### **15. Commissioning local services**

The school will commission appropriately trained, supported, supervised and insured external providers who work within agreed policy frameworks and standards and are accountable to a professional body with a clear complaints procedure.

### **16. Working with parents**

The school will work with parents wherever possible to ensure that a collaborative approach is utilised which combines in-school support with at-home support.



The school will ensure that students and parents are aware of the mental health support services available from the school.

Parents and students are expected to seek and receive support elsewhere, including from their GP, NHS services, trained professionals working in CHUMS, voluntary organisations and other sources.

## **17. Working with alternative provision (AP) settings**

The school will work with AP settings to develop plans for reintegration back into the school where appropriate.

The school will share information with AP settings that enables clear plans to be developed to measure students' progress towards reintegration into mainstream schooling, further education or employment. These plans link to EHC plans for students with SEND.

For students in AP at the end of Year 8, the school will work with the provider to ensure ongoing arrangements are in place to support the student's mental wellbeing when the student moves on.

## **18. Administering medication**

The full arrangements in place to support students with medical conditions requiring medication can be found in the school's Supporting Students with Medical Conditions Policy and the Administering Medication Policy.

The governing board will ensure that medication is included in a student's IHP, where recommended by health professionals.

Staff know what medication students are taking, and how it should be stored and administered.

## **19. Misbehaviour, suspensions and exclusions**

When suspension or exclusion is a possibility, the school will consider contributing factors, which could include mental health difficulties. All decisions to suspend or exclude a student will be taken in line with the Exclusion Policy.

Where there are concerns over behaviour, the school will carry out an assessment to determine whether the behaviour is a result of underlying factors such as undiagnosed learning difficulties, child protection concerns or mental health problems, in line with the Behaviour for Learning Policy.

Where underlying factors are likely to have contributed to the student's behaviour, the school will consider whether action can be taken to address the underlying causes of the disruptive behaviour, rather than issue a suspension or exclusion. If a student has SEND or is a looked-after child, exclusion will only be used as a last resort.

In all cases, the school will balance the interests of the student against the mental and physical health of the whole school community.

## **20. Safeguarding**

If a staff member has a SEMH concern about a student that is also a safeguarding concern, they will take immediate action in line with the Safeguarding Policy and speak to the DSL or deputy DSL.

## **21. Monitoring and review**

The policy is reviewed on an annual basis by the headteacher in conjunction with the governing board – any changes made to this policy are communicated to all members of staff.

This policy is reviewed in light of any serious SEMH-related incidents.

All members of staff are required to familiarise themselves with this policy as part of their induction programme.